ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	7	W. Party	
O.I.P.E. CLASSIFIER	•	W. V.	Carrier.
FORMALITY REVIEW			12:3/11
RESPONSE FORMALITY REVIEW		20303	34-
			1:-2-1

INDEX OF CLAIMS

~	Rejected	N	Non-alastad
	Allowed		Intodesses
_	(Through numeral) Canceled	Α	interretence
	Restricted	0	Appear
			UDIECTEA

i_	-	nestricted	0	Objected	
Claim	Date	Claim	Date	Claim	Date
Ariginal		Final		Final	Date
1077	 	51 /		101	+++++++++++++++++++++++++++++++++++++++
1		52		102	+++++-
		(33) 7		103	
		54 🗸		104	
	 	55 /		105	
	 	57 /	- 	106	
8 / /		58		108	+++++
9//		59		109	+++++
	+	60		110	+ + + + + + + + + + + + + + + + + + +
	++++	61 /		111	
18/	+ - - - 	62		112	
	 	64		113	+++++
15		65		114	++++-
16 12		(166) V		116	
		67		117	
18/		68		118	
19 1	+++++	[69]		119	
2 V V	+	70		120	
(23 × V	{-}- }-}-	71 72		121	
27	 	73		122	
24 / ·		74		124	
25 /		75		125	
26 V		76		126	
X / X	++++	77		127	
28 /	++++	78		128	
No 7	 	79 80	++++	129	
	 	81		130	+-+
	 	82	++++	131	
(83)A		83		133	
(32) V		84		134	
35 /	++++	85		135	
	+++-	86	++++	136	
385 1	 	87	++++	137	
		89		138	+++++
		90	++++	139	
		91	- - - - - 	141	
(42) V		92	- - - - - - 	142	
43		93		143	
44 45 0	 	94		144	
46		95		145	
47 1		96	++++	146	
48		98	++++	147	
49 1/	_ - - - - -	99	++++	148	┤┤╎╎┤
(50)		100		150	╎╎┤┤ ┤
	-				

If more than 150 claims or 10 actions staple additional sheet here